

State of California
Department of Health Services



GRAY DAVIS
Governor

June 30, 2003

CHDP Information Notice No.: 03-L

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL CONSULTANTS, NUTRITIONISTS, NURSE CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: ALL COUNTY WELFARE DIRECTORS LETTER TO ANNOUNCE IMPLEMENTATION OF CHILD HEALTH AND DISABILITY PREVENTION (CHDP) GATEWAY PROGRAM

This notice is to inform you of the release of the All County Welfare Directors Letter Number (ACWDL) 03-33, dated June 18, 2003. This ACWDL, which announces and explains in detail the CHDP Gateway Program to Medi-Cal eligibility workers, is enclosed for your information. The information in the ACWDL should be of assistance to you in providing information about the Gateway to your staff, providers and local advocacy groups.

If you have any questions, please contact your regional office consultant.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

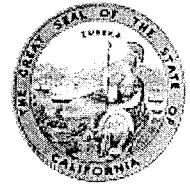


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714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
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State of California—Health and Human Services Agency
Department of Health Services



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California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

June 18, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 03-33
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MEDS COORDINATORS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: IMPLEMENTATION OF CHILD HEALTH AND DISABILITY
PREVENTION GATEWAY PROGRAM

The purpose of this letter is to provide counties with an overview of the Child Health and Disability Prevention (CHDP) Gateway program. The CHDP Gateway is a new program, beginning July 1, 2003, that will allow CHDP providers to pre-enroll children immediately into temporary, full-scope, no-cost Medi-Cal based upon apparent eligibility for no-cost Medi-Cal or the Healthy Families (HF) Program. The purpose of the Gateway is to remove barriers to children's health coverage and to improve access to health care for children by pre-enrolling such children at the CHDP provider's office at the time CHDP services are rendered.

IMPLEMENTATION

The CHDP Gateway requires that CHDP providers utilize an electronic application to pre-enroll children through the Gateway using the internet or a point of service device. The Department of Health Services (DHS) will have provided 11 training sessions for CHDP providers before the July 1, 2003, implementation date and plans for six sessions after that date. Approximately 3500 individuals have attended the first six sessions.

From July 1, 2003, to December 31, 2003, a transition period has been established so that providers will be able to use either the electronic application or the existing CHDP paper application. Providers who utilize the paper application will be able to provide and be reimbursed for state-funded CHDP services, but the paper system cannot be



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used to pre-enroll a child through the Gateway. Beginning January 1, 2004, providers will only be able to use the electronic application process.

BACKGROUND

The CHDP program currently provides services to approximately 2.1 million children. Approximately 1 million of these children are Medi-Cal beneficiaries. The remaining 1.1 million children are from families with incomes at or below 200 percent of the federal poverty level (FPL) and whose CHDP services are reimbursed by state-only funds. DHS estimates that 760,000 of these 1.1 million children would be eligible for Medi-Cal or the HF Program if they applied. CHDP benefits are limited to physical examinations, laboratory tests, and immunizations. It is estimated that about 70 percent of the children utilizing state-funded CHDP services are eligible for either Medi-Cal or HF.

The Governor's 2002-03 Budget directed the DHS to convene a stakeholder workgroup to solicit input on a plan to maximize the number of eligible children for enrollment into Medi-Cal or HF. As a result of the stakeholder meetings, it was determined that the CHDP program would be used as a gateway to the HF or Medi-Cal programs in order to enable the above-described 760,000 eligible children to receive full health care coverage through Medi-Cal or HF. This CHDP Gateway is based on federal law (i.e., Titles XIX and XXI of the Social Security Act) that allows states to establish presumptive eligibility programs for children.

When a child seeks CHDP services at a provider's office in accordance with the CHDP periodicity schedule, the child will be screened for eligibility for the CHDP program and pre-enrollment into the Medi-Cal program through the Gateway. Providers will give these children a brochure that explains CHDP and the CHDP Gateway.

Children from families with incomes above the applicable FPL program limits for both no-cost Medi-Cal and the HF Program are not eligible for CHDP services or pre-enrollment through the CHDP Gateway. Children whose incomes are within the applicable FPL program limits and are identified on the Medi-Cal Eligibility Data System (MEDS) as eligible Medi-Cal beneficiaries in aid codes linked to undocumented immigration status at the time of their CHDP health assessment cannot be pre-enrolled in Medi-Cal through the Gateway. These children will continue to be entitled to state-funded (no federal financial participation) CHDP services, in accordance with CHDP periodicity for the month of screening and the following month.

All other children, including children identified on the MEDS as ineligible Medi-Cal beneficiaries, who meet specific income and eligibility requirements at the time of their CHDP health assessment will be pre-enrolled in full-scope, no-cost Medi-Cal for the month of screening and the following month. Coverage for children who are screened potentially eligible for HF rather than no-cost Medi-Cal will receive their health coverage through the Medi-Cal delivery system but with Title XXI federal funding.

In order for a child pre-enrolled in Medi-Cal through the Gateway to receive ongoing, comprehensive health coverage, the child's parent(s) will have to submit the joint Medi-Cal for Children/Healthy Families Program application. If the joint application is returned to the Single Point of Entry (SPE) clearinghouse for mail-in applications within the initial two months of presumptive eligibility, the child will continue to receive full-scope, no-cost Medi-Cal coverage until eligibility for HF or ongoing Medi-Cal has been determined. If an application is not returned within the initial two months, the child will not be eligible for comprehensive health coverage beyond the second month. The child could, however, be eligible in the future for an additional period of presumptive eligibility when the child again seeks CHDP services in accordance with CHDP periodicity.

CHDP GATEWAY OVERVIEW

When a child comes into a CHDP provider's office, the provider will apply the 200 percent income screen using the DHS 4073 form (enclosed). If the child meets the 200 percent screening criteria and the child is under 19 years of age, the pre-enrollment application (DHS 4073) will be submitted via the internet or point-of-service (POS) device. Upon successful completion of the pre-enrollment application, it is electronically routed to MEDS to determine whether the child is eligible for pre-enrollment through the Gateway. MEDS will determine whether the visit is within CHDP periodicity and also will perform file clearance to determine whether the child is known to MEDS. The response from MEDS will be returned to the provider within seconds.

There are seven possible scenarios that may occur in determining the child's eligibility for pre-enrollment. The actions depend on which one of the seven scenarios applies to a particular child.

- ❖ The child is known to MEDS but the birthdate on MEDS indicates that the child does not meet the age requirement for Gateway (i.e., the child is not under the age of 19). The system would report to the provider that the child is ineligible for the CHDP Gateway. There is no further action on that application.

- ❖ The child is currently known to MEDS, but does not meet the CHDP periodicity requirements for pre-enrollment through the CHDP Gateway. The system would report to the provider that the child is ineligible for pre-enrollment through the CHDP Gateway or for CHDP services. The child will remain ineligible for either CHDP services or Medi-Cal pre-enrollment through the Gateway until CHDP periodicity allows.
- ❖ The child is known to MEDS and is currently enrolled in HF or in a Medi-Cal Managed Care plan. The system would report to the provider that the child is enrolled in HF or has existing Medi-Cal coverage. The provider should refer the child to his or her existing health plan for health assessment services.
- ❖ The child is known to MEDS and is currently eligible in an aid code that is linked to undocumented immigration status. The system would report to the provider that the child is eligible for CHDP services if within CHDP periodicity.
- ❖ The child is known to MEDS, is a citizen or has satisfactory immigration status, and is currently in a limited-scope, no-cost Medi-Cal program. If periodicity allows, the child would be pre-enrolled into Medi-Cal through the Gateway. The system would report to the provider that the child is eligible for temporary, full-scope, no-cost Medi-Cal benefits, including CHDP services.
- ❖ The child is known to MEDS, is currently pre-enrolled through the Gateway or a different accelerated program, or is a full-scope, no-cost, Medi-Cal beneficiary. The system would report to the provider that the child has existing Medi-Cal coverage that includes CHDP services.
- ❖ The child does not fall into any of the categories above. These children are eligible for pre-enrollment through the Gateway.

A child currently eligible on MEDS in an aid code linked to undocumented immigration status will also be placed in aid code 8Y.

For all other children, the family income will be reviewed to determine whether the child is expected to qualify for full-scope, no-cost, Medi-Cal or for the HF program. Children who are within Medi-Cal income limits (according to the appropriate FPL program) will be assigned aid code 8W.

Children who are over Medi-Cal income limits but at or below 200 percent of the FPL will be assigned aid code 8X.

Once the child's pre-enrollment application is submitted to MEDS, the provider will receive a response within seconds that includes the child's existing or newly established client index number (CIN). If the child is pre-enrolled, this response also will include a signature line so that this document can be used by the child to immediately access full-scope, no cost Medi-Cal services. A Benefits Identification Card (BIC) will be mailed automatically to children who are not known to MEDS at the time of pre-enrollment through the Gateway. If the child is known to MEDS, a BIC will not be issued unless requested on the pre-enrollment application. If a BIC is issued, it will be mailed within two working days to the child. In addition, based on the parent's or caretaker relative's indication on the pre-enrollment application that he/she wants to apply for Medi-Cal or HF for the child, the adult will be sent a language-appropriate Medi-Cal for Children/HF Program joint application. The joint application contains a self-addressed, postage paid envelope to be mailed back to the SPE for processing.

- ❖ If the application for either program is returned within the initial two months of pre-enrollment and that information is reported to MEDS, MEDS will extend pre-enrollment so that the child will continue to receive full-scope, no-cost Medi-Cal coverage until eligibility for HF or ongoing Medi-Cal has been determined. The enclosed informing notice (that will be in 11 threshold languages) will be sent to the child explaining that pre-enrollment has been extended. Note: If the application is returned directly to the county instead of to the SPE and the county reports this to MEDS, pre-enrollment also will be extended. Please see the Section entitled Application Processing By the SPE and Counties for more information.
- ❖ If MEDS has no record of a pending application by the first week of the second month of Gateway, the enclosed reminder notice (translated into the language in which the child's parent has the best reading ability) will be mailed to encourage the parent to return the joint application to avoid interruption of the child's health care coverage.
- ❖ If an application is not returned within the initial two months, the child will not be eligible for comprehensive health coverage beyond the second month. The child could, however, be eligible again in the future for pre-enrollment in Medi-Cal in accordance with CHDP periodicity.

AID CODES AND DEFINITIONS

To implement this program, the following aid codes will be used:

- 8W CHDP GATEWAY MEDI-CAL. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable no-cost Medi-Cal eligibles. Provides temporary, full-scope Medi-Cal benefits with no share-of-cost (SOC). Federal financial participation is available under Title XIX.
- 8X CHDP GATEWAY HF. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable HF eligibles. Provides temporary, full-scope Medi-Cal benefits with no SOC. Federal financial participation for these benefits is available through Title XXI.
- 8Y CHDP. Provides eligibility in the CHDP program for children who are known to MEDS in a different aid code that is linked to undocumented immigration status. This aid category is not eligible for federal financial participation and has State-only funding.

The CHDP Gateway accelerated aid codes 8W and 8X will be posted in a new MEDS segment-type called ACCEL. This will preserve their history on MEDS since new program information will not overlay the records on ACCEL.

CHDP ELIGIBILITY AND SOC MEDI-CAL

A child who is otherwise eligible for pre-enrollment through the CHDP Gateway and has met his/her SOC in the month of the CHDP visit is already Medi-Cal eligible and cannot be pre-enrolled for that month. However, this child may not meet his/her SOC in the following month and is entitled to pre-enrollment in that following month since that child may be eligible for the HF Program. For this to happen, the child must complete the pre-enrollment application and the CHDP provider must continue with pre-enrollment of the child.

To ensure that a child who was certified eligible for Medi-Cal in the month of application is pre-enrolled through the CHDP Gateway in the following month, the Statewide Automated Verification System will issue the following message to all providers when a child under 19 years of age with any certified SOC aid code comes into the provider's office: "Attention CHDP Providers. Continue with the CHDP Gateway application."

CHDP ELIGIBILITY AND RETROACTIVE MEDI-CAL COVERAGE

Individuals who choose to apply for Medi-Cal or HF may request retroactive Medi-Cal coverage that may cover the pre-enrollment period.

CHDP ELIGIBILITY AND OTHER HEALTH COVERAGE

Consistent with the goals of presumptive eligibility for children, when MEDS indicates that the child has or may have other health coverage, this indication will not preclude pre-enrollment or serve as a barrier to payment of services rendered during the pre-enrollment period. The DHS is applying these same requirements to the State-only CHDP program (aid code 8Y). A new Other Health Coverage (OHC) process has been developed.

As part of the CHDP Gateway enrollment process, an automated file clearance function is performed to determine whether the recipient is known to MEDS. If the recipient is already known to MEDS, the eligibility status associated with that record is used to determine whether the recipient meets the eligibility requirements for the Gateway program. If the recipient meets the program eligibility requirements and OHC exists on the recipient's record, the OHC will not be used to prevent pre-enrollment through the CHDP Gateway. Additionally, the OHC will not be used to deny payment of provider claims submitted to the Medi-Cal fiscal intermediary. These requirements also place restrictions on when the MEDS OHC can be used to bill an OHC carrier for services provided during the pre-enrollment period.

This new process will override the OHC code on MEDS at the time of pre-enrollment through the CHDP Gateway. If the child is determined eligible under the CHDP accelerated enrollment aid code 8W or 8X, the OHC indicator code will be changed to "N" (no other health coverage) regardless of whether MEDS shows an active OHC code. If the child is determined eligible under the CHDP State-only aid code 8Y and MEDS shows an active OHC code, the MEDS OHC code will be changed to an 'A' (pay and chase). Otherwise, the OHC code will not be changed. This is being done to ensure that a child pre-enrolled through the CHDP Gateway will be able to receive services regardless of the OHC status and that the provider will be paid. The child will remain in the OHC override status for the entire term of Gateway pre-enrollment.

A new OHC source of 'O' has been created to identify the month(s) in which the child is in the OHC override status. While in the override status, the OHC code is protected and can only be changed by a transaction reporting Medi-Cal eligibility.

Once ongoing Medi-Cal or HF eligibility has been determined or the application has been denied, CHDP Gateway pre-enrollment is terminated by MEDS at the end of the month in which the action was reported to MEDS. For example, if the eligibility approval or application denial transaction is received by MEDS in March, pre-enrollment will be

terminated by MEDS at the end of March. Effective the following month, the OHC override will be removed by MEDS and the OHC code changed to reflect either the OHC information reported on the eligibility transaction or, in the case of a denial, the prior OHC information posted on MEDS.

If ongoing Medi-Cal eligibility is retroactively reported for any of the Gateway months, the OHC code will be retroactively reinstated back to the month of initial ongoing Medi-Cal eligibility based upon the OHC information reported by the county. For example, if the period of pre-enrollment is July 2003 through November 2003 and the effective date of the Medi-Cal eligibility transaction is August 2003 the OHC code will be reinstated for the months of August through November. If, in the same example, the application was submitted in August 2003 and retroactive Medi-Cal eligibility is established for June 2003 and July 2003 the OHC code will be reinstated for the month of July 2003. (Current OHC processing rules apply for June 2003 a month that is outside the pre-enrollment period). These are the only actions that can change the OHC code during the pre-enrollment period. If active OHC information is reported, the affected OHC code will be changed to an 'A'; otherwise the OHC code will remain an 'N'. While the OHC code can change for prior Gateway months, it will still be protected from non-eligibility related OHC code updates. The OHC source, therefore, will not change.

DUAL APPLICATIONS

On occasion a child may pre-enroll through the CHDP Gateway even though that child is already eligible for accelerated enrollment, for example, via an application sent directly to the SPE. When such a child applies for pre-enrollment through the CHDP Gateway, the child will be identified as already having Medi-Cal eligibility. This child will be advised to use his/her BIC to access Medi-Cal services.

CHANGE OF ADDRESS

If there is a pre-existing record for a child in MEDS with an address that is different from the address on the DHS 4073, MEDS will update the address and send the county an alert. Counties will be allowed to update the address information for children pre-enrolled through the CHDP Gateway.

BENEFITS IDENTIFICATION CARD

There may be instances where a child coming into a CHDP provider's office does not inform the provider that he/she is currently eligible for full-scope Medi-Cal without an SOC. This child does not qualify for pre-enrollment and, as described previously, when the pre-enrollment application is submitted, MEDS will report that this child is already eligible for full-scope Medi-Cal. Additionally, if the child indicates on the application that he/she does not have a BIC, the following message will be provided to the individual at the provider's office: "You currently have full-scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives."

APPLICATION PROCESSING BY SPE AND COUNTIES

When a CHDP Gateway child returns the joint application to the SPE, the SPE will conduct a full file clearance and, as described above, will report to MEDS that an application has been received so that MEDS will extend the pre-enrollment period. The application will be screened and sent, using the current transmittal process, to the county or the HF Program for an eligibility determination.

Counties will follow existing procedures for application processing. Please refer to All County Welfare Directors Letter 03-05.

INFORMING NOTICES AND NOTICES OF ACTION

If a child who has pre-enrolled through the CHDP Gateway applies for regular Medi-Cal or HF, pre-enrollment continues until a final eligibility determination has been made. Because Gateway pre-enrollment eligibility is granted before a full Medi-Cal eligibility determination has been made, there are no fair hearing rights or notice of action (NOA) requirements for the pre-enrollment eligibility period.

There is no requirement to provide a ten-day NOA when Gateway pre-enrollment ends. If the parent(s) of the child do not apply for Medi-Cal or HF, the pre-enrollment period ends on the last day of the second month of pre-enrollment.

Once the county makes the appropriate regular Medi-Cal eligibility determination for a child, the county must send the child an appropriate NOA either approving or denying the child's Medi-Cal application. Counties may use the language below to explain the transition from CHDP Gateway pre-enrollment to ongoing (regular) Medi-Cal or the denial of ongoing (regular) Medi-Cal. If Medi-Cal is established with an SOC, or if

eligibility is denied, existing procedures should be utilized to determine whether to refer the application to HF.

❖ **Regular Medi-Cal Approval with No SOC:**

"Your child(ren), _____, will now receive Medi-Cal under the regular _____ program instead of Pre-Enrollment through the Child Health and Disability Prevention Gateway program which was only temporary.

❖ **Regular Medi-Cal Approval with an SOC:**

"Beginning _____, your child(ren), _____, will now receive Medi-Cal under the regular _____ program instead of Pre-Enrollment through the Child Health and Disability Prevention Gateway program, which was only temporary. Your child(ren) may use the Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until _____."

❖ **Denial:**

"Your child (ren), _____, has/have been determined ineligible for Medi-Cal. His/Her/Their pre-enrollment in Medi-Cal through the Child Health and Disability Prevention Gateway program will end on the last day of _____. Your child(ren) may continue to use the Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until _____."

PROCEDURES

Current CHDP procedures are found in Article 4P of the Medi-Cal Eligibility Procedures Manual and are still applicable. Counties must continue to inform families of the availability of CHDP screenings for children who are under the age of 19 years.

If you have any questions about this program, please contact Ms. Erin Lynch of my staff at (916) 654-5769.

ORIGINAL SIGNED BY

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program (Title 17, California Code of Regulations, Sections 6802 and 6832).
- Filling out and signing this form may provide you or your child with a complete health exam today and may provide dental, vision, mental, and other health services at no cost for this month and next month.

Is the patient less than 19 years of age? ☐ Yes ☐ No

How many people are in your family? _____

How much money does your family make before taxes? \$ _____ Monthly Or \$ _____ Yearly

- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families. If you answer NO to this question, the patient's coverage for health, dental, and vision benefits will stop the end of next month. You will still be eligible for CHDP preventive services.

I want to apply for continuing coverage through Medi-Cal or Healthy Families. ☐ Yes ☐ No

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? ☐ Yes ☐ No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last _____ First _____ Middle _____

Date of birth (month/day/year) _____ Gender ☐ Male ☐ Female

☐ If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address _____ Apartment number _____ City _____ State _____ ZIP code _____

County of residence _____

Mailing address (if different from home address) _____ Apartment number _____ City _____ State _____ ZIP code _____

Patient's social security number (optional) _____ Mother's name—Last _____ First _____

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last _____ First _____ Middle _____

Home telephone number () _____ Work telephone number () _____ Message telephone number () _____

What language do you speak at home? _____ read best? _____

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor _____ Relationship to patient _____ Date _____

An individual has a right to review records containing his/her personal information. The official responsible for keeping this information is the Department of Health Services, P.O. Box 942732, Sacramento, CA 94234-7320. A copy of this information will also be kept with your child's medical record.

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Department of Health Services



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ACT NOW TO COMPLETE THE ENCLOSED APPLICATION!

Welcome to the Medi-Cal and Healthy Families **temporary** enrollment program. It is very important that you fill out and return the enclosed application as soon as possible in order to continue your health, dental and vision coverage.

- You can get free help in filling out the application by calling 1-800-880-5305 between the hours of 8 a.m. and 8 p.m., Monday through Friday. On Saturday you can call between 8 a.m. to 5 p.m. There is no charge for calling this number. **When you call this number, you can get the help you need to fill out the application. All help is free.**
- You are receiving this application packet because your child recently got health care through the Child Health and Disability Prevention (CHDP) Gateway program and because you chose to apply for the Medi-Cal or Healthy Families program.
- The application you are getting is used for both the Medi-Cal and the Healthy Families program. You do not need to go to any offices to apply. Just fill out the application and mail it in the enclosed postage-paid envelope.
- When we get your application, we will decide whether your child or children qualify for Medi-Cal or Healthy Families.

Act now to fill out the application. When you are ready to mail in the application, please remember to include copies of all required documents as noted on page 6 of the application.

Thank you for your interest in the Medi-Cal and Healthy Families programs.

Remember: Your child is only temporarily enrolled in the Medi-Cal program. Send in your application as soon as possible to continue getting quality health, dental and vision coverage for your child.



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Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

Date

Name

Address

City, State, Zip

IMPORTANT REMINDER NOTICE!

You must ACT NOW. Your temporary Medi-Cal benefits will end on XX/XX/XX. If you want to continue getting complete health, dental and vision coverage, send us your completed application before the end of this month.

If you have any questions about filling out your application, or if you need help with it, you may call 1-800-880-5305 and ask for the name of a Certified Application Assistant in your area. **This phone call and all help is free.**

If you do not fill out and send in an application, your child or children will lose their **temporary** Medi-Cal health, dental and vision services through the CHDP Gateway program on XX/XX/XX.

We must get your application for Medi-Cal or Healthy Families before the end of this month if you want to continue getting health, dental and vision coverage for your children.

If you have lost your application, and would like another one, please call 1-800-880-5305.



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Director

State of California—Health and Human Services Agency
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Dear Applicant:

We have received your application for the Medi-Cal or Healthy Families program. Your child is now getting full Medi-Cal benefits that will last until the county finishes processing your application.

You may continue to use your Medi-Cal card for health, dental and vision services until you get a letter that says that your benefits have ended. If the county needs more information, you must give it to them or your benefits will end. You will be notified when the review has been finished.

Spanish

Vietnamese

Cambodian

Hmong

Lao

Armenian

Cantonese

Korean

Russian

Farsi



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